								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR							· ·	Ι,	A			
Effective November 10, 1998 0977/052												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OR		THAN
FO	R	HUMBI	NUMBER FILED		NUMBER EXTRA		RATE		FEE	7	RATE	FEE
BA	SIC FEE									OR		
TO'	TAL CLAIMS		minus 20=		*					OR		
IND	EPENDENT CL	AIMS	minus 3 =		*					1 1		
MULTIPLE DEPENDENT CLAIM PRESENT					·	•		<i>\</i>		OR		
* If	the difference	ero, enter "0" in o	column 2		TOTA			OF	TOTAL			
		LAIMS AS A	•	•		1017	uL	l	OR		=======================================	
	<u> </u>	(Column 1)	***************************************	(Column 2)	(Column 3)		SMAL	LL f	ENTITY	OR	OTHER SMALL I	
4	2/20/65	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE		ADDI-	1	A	ADDI-
	912710	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		HAIL		TIONAL]	RATE	TIONAL FEE
NON	Total	<u>* 34</u>	Minus	** 34	=					108	·	
AMENDMENT A	Independent	• 2	Minus	*** 3	E					OR		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM	4					1	-	
					•	I	TOT	ΓΑΙ.		OR	TOTAL	_
		10 : h: 4\		(O-1: 0)	10 - (0\	•	ADDIT. F		L	OR	ADDIT. FEE	
_	·	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)		·	_	ADDI-	1 1		4001
NDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE		TIONAL FEE		RATE	ADDI- TIONAL FEE
200	Total	*	Minus	##	=					OR		
AME	Independent	*	Minus	***	= .			7		1		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR		
			•			I		_		OR		
				1	TOT. ADDIT. FI	EE		OR	TOTAL ADDIT, FEE			
	r—————————————————————————————————————	(Column 1)		(Column 2)	(Column 3)	٠,						
ပ		REMAINING	!	NUMBER	PRESENT		DATE	_	ADDI-			ADDI-
E		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE
N N	Total	*	Minus	**	E .					OR		
AMENDMENTC	Independent	*	Minus	***	=			7				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR		
# Mithia antiquity activities of the local throughts antiquity and surface \$00 to extreme 0										OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***ADDIT. FEE ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT: FEE	
-	if the Trighest Nur The "Highest Nurr	mber Previously Pr	ald For (Total o	r Independent) is th	an a, e mer a. re highest numbe				ropriate box			-